



SEAT PLEASANT POLICE DEPARTMENT

6011 Addison Road • Seat Pleasant, Maryland 20743
Phone: (301) 499-8700 • Fax: (301) 499-8702 • www.seatpleasantmd.gov

CITIZEN COMPLAINT FORM

DATE: _____

COMPLAINANT NAME: _____
Last Name First Name Middle Initial

DATE OF BIRTH: _____
Month/Day/Year

ADDRESS: _____
Street Number Street Name Apt #

City State Zip

HOME PHONE: (____) _____ WORK PHONE: (____) _____

CELL PHONE: (____) _____ EMAIL ADDRESS: _____

OFFICERS NAME: _____ ID #: _____

DATE OF OCCURANCE: _____ TIME: _____

LOCATION: _____

NATURE OF COMPLAINT (be as detailed as possible. Attach additional sheets as needed)

BY SIGNING THIS DOCUMENT, THE COMPLAINANT ACKNOWLEDGES THAT THIS STATEMENT IS TRUTHFUL. IF FOUND TO BE FALSE, HE/SHE UNDERSTANDS THAT HE/SHE MAY BE CRIMINALLY CHARGED UNDER CR 9-501, "FALSE STATEMENT TO OFFICER", A MISDEMEANOR THAT CARRIES A \$500 FINE AND 6 MONTHS IMPRISONMENT.

NOTARY SEAL

Notary Signature: _____ Commission Expiration: _____

Complainant Signature _____ Date _____

DEPARTMENTAL USE ONLY:

Date Received: _____ by: _____
Investigator Assigned: _____

Serving "A City of Excellence"